

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (PSA Chapter 15)

(RSA Chapter 15) RECEIVED

PLEASE PRINT

4.113 2017

Looks Mood	, v · · ·			
I. Name of Lobbyist(s) Leslie Wood		NE Depar	DEPARTMENT OF STATE	
II. Name of lobbyist's partnership, firm o	r cornoration if any	- m A	TIMENT OF STATE	
N/A	r corporation, if any.			
(Name of partnership, firm or	corporation)			
950 F Street, NW, Suite 300	Washington	DC	20004	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(202) 835-3451 (20	2) 715-6987	e-mail lwood@phrma.	ora	
(Zoz) 035 3431 (Zo (Telephone)	(Fax)	e-man mood@prima.	<u> </u>	
III. This statement covers: (Choose one – reportable expense transactions which are	e not attributable to a	ny one client).		
All reportable transactions occurring in t	he months prior to the	reporting date relative to the f	following client:	
Pharmaceutical Research and Ma				
(Full Name of Client a	s it appears on the Lobby	ist Registration Form)		
<u>OR</u>				
☐ All reportable transactions by the lobbyis unrelated to any particular client.	t (including the lobbyi	st's family), or the lobbying fi	rm listed below which are	
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration		July 26, 2017 activity from 4/1/17 to 6/30/17		
October 25, 2017 [activity from 7/1/17 to 9		January 31, 2018 [] activity from 10/1/17 to 12/31/17	•	
V. There have been no fees received an If this box is checked, complete just this form Concord, NH 03301.				
VI. Check if additional reports are attach	ed:			
If you have received fees or made expen	iditures, you must file a	Addendum A— Fees and Exp	enses	
☐ If you have paid an honorarium or reimb Expense Reimbursement	oursed expenses, you n	nust file Addendum B – Repo	rt of Honorariums or	
☐ If you, your firm, or your family has ma	de political contributio	ns, you must file Addendum	C- Political Contributions	
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge at Signature of lobbyist) Leslie Wood	and RSA 664 and herel	by swear or affirm that the for $4/12/17$ (Date)		
(Print Name of lobbyist)				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1,084.62
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0.00
f) Total of all expenses year to date	f) \$ 1,084.62
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Tull od	4/12/17
(Signature of lobbyist)	(Date)
Leslie Wood	
(Print Name of lobbyist)	

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Leslie Wood	
II. Name of lobbyist's partnership, firm or corporation, if any:	
N/A	
(Name of partnership, firm or corporation)	
III. Name of Client Pharmaceutical Research and Manufacturers of America (PhRM	A) Date 4/10/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ _1,472.10
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>1,472.10</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _1,084.62
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Leslie Wood

(Print Name of lobbyist)

Statement of Income	and Expenses for:		
Name of Lobbying parts	nership, firm, or corpo	ration: Leslie Wood	
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Pharr	naceutical Research a	and Manufacturers of Ame	rica (PhRMA)
Date of Report (check o	ne):		
April 26, 2017 ☑	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
I have read RSA 15, RS the following Addendur submitted):	SA 15-B, RSA 664, then submitted with the	ne Statement of Income ar at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being
1 Addendum A(s)			
O Addendum B(s)	,		
0 Addendum C(s)			
complete to the best of r	n that the foregoing in ny knowledge and bel	ief.	nt and each Addendum is true and